

CoC Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs

A1: Leveraging Housing Resources – Development of new units and creation of housing opportunities.
See attached agreements

A2: Landlord Recruitment:

Describe the current strategy the CoC uses to recruit landlords and show how well it works at identifying units across the entire geographic area, including areas whether the CoC has not been able to identify units.

The NC Balance of State CoC (NC BoS CoC) takes a de-centralized approach to landlord recruitment wherein homeless service providers form relationships locally with landlords and property owners, matching individual households with units based on their specific needs. Prior to the pandemic, this recruitment method worked relatively well with ample units within the local Fair Market Rate (FMR) to provide households choice in the type and location of housing close to services. However, since the pandemic, the housing market has tightened considerably, prices have soared beyond FMR, and the competition for units has left providers with few, if any, choices to house clients. Providers have typically used case management staff to find units; very few NC BoS CoC providers have the capacity to raise funds for dedicated housing navigation staff. Combining responsibilities for finding units, forming trusting relationships with landlords and property owners, and case managing clients in permanent housing has not been ideal for case managers. An inherent conflict of interest exists when case management staff must be an advocate for their clients while also attempting to support and create relationships with landlords. This struggle often can leave landlords and property owners feeling unsupported when crises with households occur, burning bridges and limiting the expansion of potential units available for households in need.

The CoC's Rapid Rehousing and Permanent Supportive Housing Written Standards include the USICH's Rapid Rehousing Performance Benchmarks and Program Standards and SAMHSA's Key Elements of PSH, respectively. The CoC uses these programmatic standards to evaluate ongoing housing identification and landlord recruitment practices during funding competitions and after making awards. CoC staff provide ongoing training and technical assistance on landlord recruitment best practices and work individually with providers needing more intensive support. The CoC also provides intensive technical assistance to emergency shelters through a cohort-based model over the last 2 years to lower barriers and learn how to provide housing-focused services. CoC staff teach shelters about the five key elements of effective shelter, including using a Housing First approach to move households quickly from shelter into permanent housing. As part of the cohort curriculum, staff work with shelters to understand their role in housing shelter residents including assisting participants to find units. Having shelters play a more active role in engaging landlords and property owners has expanded permanent housing resources locally, especially in areas where the CoC has not traditionally found units. Shelters participating in cohorts have increased client turnover in their programs making room for others in need, increased the percentage of people exiting to permanent destinations, and participate more fully in coordinated entry processes.

With the release of ESG-CV funding, the CoC joined the state-sponsored Back@Home (B@H) program which provided a more centralized approach to housing people experiencing homelessness. Based on a disaster rehousing pilot implemented after Hurricane Florence hit the east coast of North Carolina, B@H provides capacity-building and ongoing support to rapid rehousing providers, centralizes unit support through a NC-based agency that provides housing inspections, documentation support, and debarment checks to rehousing agencies, and individual agency technical assistance. Despite the difficult housing environment during the pandemic, housing providers using ESG-CV funding and participating in this more centralized approach have succeeded in recruiting landlords to house people experiencing homelessness across the CoC's geographic area. Since the beginning of the B@H program, NC BoS CoC rehousing providers have housed 909 households. This

method has also resulted in an increase in landlord recruitment coverage for the CoC with B@H agencies housing households in 54 counties versus annually funded programs housing households in only 43 counties.

Identify any new practices it has implemented to recruit new landlords in the past three years and the lessons learned from implementing those practices.

As mentioned above, the B@H program initiated with ESG-CV funding during the pandemic centralized some aspects of housing navigation to help streamline the process and take some routine tasks off already overtaxed providers searching for housing. While individual providers continued to do local landlord recruitment and engagement, the state of NC contracted with Housing Collaborative, a Mecklenburg County-based organization, to inspect identified units, provide rent reasonableness documentation, and check for debarments. Housing Collaborative routinely completed these tasks within 24 hours so that providers could focus on the actual recruitment of additional landlords to house households. This enhanced the capacity of agencies and increased the speed at which they could move households into units. The program's provision of comprehensive technical assistance also helped providers navigate the difficult housing environment to find affordable units. NC contracted with several consulting firms to build a staff onboarding webinar series and offered weekly/monthly practice calls with rehousing providers to case conference difficult cases, share landlord recruitment assistance and ideas, and offer opportunities for peer sharing best practices. Offering providers this ongoing support helped them work through issues more quickly and provided emerging practice support as needed.

ESG-CV provided an influx of funding to scale up permanent housing efforts, including landlord recruitment, engagement, and incentives. However, because the NC BoS CoC uses smaller nonprofits to provide coverage across its 79-county geographic area, the restricted nature of these funds made agencies cautious about hiring new staff for fear of having to lay them off after 2 years. The CoC learned that having time-limited funding can immediately impact our ability to house households, but long-term, renewable funding is necessary to sustain these housing efforts and expand the housing navigation needed to build a more robust network of landlords willing to house households experiencing homelessness.

In 2019, the North Carolina Coalition to End Homelessness (NCCEH) secured a 3-year Healthy Blue, Blue Cross and Blue Shield grant for \$1.6 million to pilot community-based landlord recruitment strategies. Over that period, NCCEH contracted with providers in several communities, including Trillium Health Resources, an NC BoS CoC housing provider covering 26 rural counties. In the grant's first phase, landlord incentives like sign-up bonuses, property upfits and repairs, and unit hold fees were piloted. The last phase required subgrantees to provide one staff person with a full-time focus on housing navigation and provided flexibility to combine and tailor incentives to recruit multi-unit property owners. NCCEH contracted with CLUTCH Consulting, which implemented a similar strategy in Houston, Texas. CLUTCH met individually with subgrantees to provide hands-on, technical assistance and attended monthly team meetings of all subgrantees. The emphasis on large-scale, community-based recruitment to secure multiple units was particularly helpful in rural areas. Many rural landlords/property owners struggled during the pandemic with the eviction moratorium and the influx of cash through signing bonuses allowed them to save struggling properties. In one case, Trillium was able to secure ten 3-bed/2-bath units (nearly \$400 below FMR) from one landlord using the hold fee for all 10 and a combination of the move-in fee and upfit/repair fees for some.

From January 2019 through March 2022, this work housed over 2300 individuals at an average cost of \$459 per person and leveraged another \$684,000 in landlord contributions and community resources. Over the last three years, the CoC has learned that having dedicated housing navigation staff focused on landlord recruitment increases the number of units secured to move people experiencing homelessness into permanent housing. We have also seen that centralizing at least some aspects of the work can accelerate identifying units and move-ins.

While the CoC needs local nonprofits to work with households experiencing homelessness, most of them struggle with limited capacity. To sustain more robust services and supports, build system capacity to find units, and shorten the length of time households remain homeless, local nonprofits will need either adequate, long-term funding and/or to be paired with better-resourced regional or statewide agencies that can centralize landlord recruitment efforts and tasks.

Describe how the CoC will use data to update their landlord recruitment strategy.

Because of its decentralized approach, the CoC can currently only evaluate landlord recruitment using HMIS data showing actual move-in dates and/or anecdotal evidence secured through provider conversations. By centralizing its approach to landlord recruitment across the entire 79-county geographic area, the CoC could have a greater impact: 1) provide full geographic coverage of the CoC – some counties currently have no providers offering recruitment services; 2) centralized data collection with more specific information including collecting landlord/property owner names, total number of units secured, and location of units; 3) dedicated resources for housing navigation and landlord recruitment; and 4) local provider focus on households and greater capacity to provide services needed to maintain housing long-term.

With funding through the special NOFO, the CoC would prioritize centralized housing navigation services. In advance of a funding award for housing navigation services, the CoC's Funding and Performance Subcommittee (FPS) would use currently available HMIS data from the prior year to set a baseline for landlord recruitment efforts and set CoC goals for years 1, 2, and 3. The FPS would oversee and evaluate the landlord recruitment strategy using data, such as the number of individual landlords and units secured, the coverage of units across the CoC's geographic area, and the time between program enrollment and housing move-in to evaluate efforts. The FPS will review data quarterly and identify areas in which the CoC's recruitment efforts lag, working with the CoC's Governance Committee to approve updated strategies and goals and collaborating with CoC staff to provide additional technical assistance to the centralized hub and local providers to improve practices.

B: Leveraging Healthcare Resources – See attached agreements

C1: Current Street Outreach Strategy

CoCs must demonstrate their current strategies to: 1) ensure that outreach teams are coordinated; 2) ensure that outreach is frequent, by describing the days and times outreach is conducted each week; 3) help people exit homelessness and unsheltered homelessness; 4) ensure specific engagement strategies will engage individuals and families experiencing homelessness with the highest vulnerability and will use culturally appropriate strategies; 5) use outreach teams to connect individuals and families experiencing unsheltered homelessness to permanent housing; 6) hire people with lived expertise of unsheltered homelessness to conduct outreach.

The NC BoS CoC has only six providers funded through ESG and/or ESG-CV for street outreach activities covering 20 of the 79 counties in its geographic area. To ensure full street outreach coverage that engages all people experiencing unsheltered homelessness, the CoC launched a new initiative in June 2021. The CoC updated its Governance Charter to create a new leadership role in each of its 13 Regional Committees (RCs) called the Unsheltered Access Coordinator (UAC) to facilitate the local plan to ensure that all people living unsheltered are identified and connected to the local coordinated entry by-name list. 1) Starting in June 2021, elected regional UACs created a local subcommittee to develop an unsheltered outreach and engagement plan. Regional plans defined how local RCs identify people living unsheltered through both passive (organizations/events coming into regular contact with the population) and assertive (street outreach in the community) outreach; the frequency of outreach efforts; and the providers who conduct the standardized assessment and enter data into the HMIS coordinated entry project. Each UAC works closely with the elected CE Lead to ensure that identified unsheltered individuals and families are connected to the CE system and provides system navigation to unsheltered households without another community-based provider to ensure

connections to temporary (if desired) and permanent housing. 2) Each region defines how often outreach activities occur across their defined counties. To identify new people experiencing unsheltered homelessness, passive outreach occurs daily at agencies/organizations participating in the CE system and weekly at non-participating agencies/organizations through identified staff/volunteers in the local plan. The frequency of assertive outreach depends on each RC's capacity. However, the CoC encourages assertive outreach on the streets no less than quarterly. Once identified, UACs and other provider staff connect unsheltered households through regular case management and system navigation as desired. 3) Once identified and engaged, UACs or other front-door providers conduct the standardized CE assessment with unsheltered households. The regional CE Lead enters the assessment information into the HMIS CE project, and the household pulls onto the by-name list. Until the unsheltered household is referred for an available housing slot, the assigned provider or UAC provides case management to the household, connecting them to desired services, including available emergency shelter in the community. Since the launch of the UAC initiative, the CoC has seen a large increase in the number of people experiencing unsheltered homelessness connect to the CE system (1585 people in 2020-2021 versus 2999 people in 2021-2022). The assigned provider or UAC attends weekly case conferencing meetings to represent the household, and upon referral to a housing agency, works with the household to connect with the provider to begin enrollment, helping transition the household to their new provider and serving as a liaison until the household moves into permanent housing. 4) At launch of this new process, the CoC held several webinars with UACs and other CoC stakeholders involved in engagement efforts to understand the CoC's approach and standards working with households experiencing unsheltered homelessness, especially people with the highest vulnerabilities and people historically disconnected from the homeless service system. These webinars focused on best practices such as Harm Reduction, Housing First, and Trauma-Informed Care, outlining basic principles of each practice and providing scenarios from experienced outreach staff of how to appropriately work with disenfranchised individuals. Webinars also discussed person-centered case management approaches that allow households to make decisions for themselves and their needs. CoC staff have continued to work with UACs and other outreach providers on specific cases as needed to brainstorm ways to better engage unsheltered households and connect them to needed services and housing. 5) Once identified and engaged, UACs or other front-door providers conduct the standardized CE assessment with unsheltered households. The regional CE Lead enters the assessment information into the HMIS CE project, and the household pulls onto the by-name list. Until the unsheltered household access permanent housing, the assigned provider or UAC provides case management to the household, connecting them to desired services, including available emergency shelter in the community. Since the launch of the regional UAC initiative, the CoC has seen an increase year-over-year of people experiencing unsheltered homelessness enter shelter (1263 people in 2020-2021 versus 1520 people in 2021-2022). The assigned provider or UAC attends weekly case conferencing meetings to represent the household, and upon referral to a housing agency, works with the household to connect with the provider to begin enrollment, helping transition the household to their new provider and serving as a liaison until the household moves into permanent housing. Since the launch of the regional UAC initiative, the CoC has seen an increase year-over-year of people experiencing unsheltered homelessness enter directly into permanent housing (1219 people in 2020-2021 versus 1500 people in 2021-2022). 6) The CoC encourages all providers within the geographic area to consider hiring and/or engaging people with lived expertise in their agencies. In a survey conducted in May 2022, CoC agencies were asked whether they hire/would hire people with lived expertise. 65% of responding agencies said they employ people with lived expertise to fill a variety of roles including, but not limited to, shelter staff, case managers to conduct intake, provide food, facility maintenance, program management, street outreach, and peer support. The CoC engages its Lived Expertise Advisory Council and the Racial Equity Subcommittee to set equity benchmarks for CoC agencies and uses these to evaluate project applications for funding.

CoCs must identify evidence-based practices used to conduct street outreach and local strategies used that are based on data and performance

The NC BoS CoC emphasizes the use of three key evidence-based practices to conduct street outreach with people experiencing unsheltered homelessness: Harm Reduction, Housing First, and Trauma-Informed Care. People experiencing unsheltered homelessness are generally the most vulnerable people in the community (2022 PIT Count data describing people experiencing unsheltered homelessness shows 43% with a mental health disorder; 27% with a substance abuse disorder; 31% with a physical or chronic health condition; and 1% with HIV/AIDS). Not only do they face extreme heat and cold with no shelter and limited resources to protect them, but they are also more likely to endure violence, be manipulated by others, feel disconnected from or turned away from vital services, and suffer from disabling conditions such as mental illness, substance use disorders, and/or chronic physical health issues. The CoC has institutionalized Harm Reduction as a key intervention for unsheltered populations. To engage this vulnerable population often reticent to seek or accept assistance, Harm Reduction provides a non-judgmental approach wherein outreach staff provide opportunities for services and housing without requirements of sobriety or treatment and honors people's choices. This type of engagement invites unsheltered populations into an environment where opportunities exist for them and fosters the development of trusting relationships that may not have existed prior. Housing First pairs closely with Harm Reduction as an approach that dispenses away with arbitrary programmatic requirements to ensure unsheltered populations will more likely engage with providers that can quickly connect them to permanent housing. Like Harm Reduction, Housing First approaches honor people's choices by not allowing things such as drug or alcohol use, lack of mental health treatment, or absence of income to prevent moving into permanent housing. Several national studies indicate that most people experiencing homelessness have at least one but often multiple traumatic events prior to their first homeless event. These traumatic events compounded by the trauma of experiencing unsheltered homelessness make the approach we take as street outreach providers especially important because the trauma can impact an individual's ability and/or motivation to seek supportive services. The CoC emphasizes the use of a trauma-informed approach when conducting street outreach to ensure that the person: feels safe; has control over their choices; plays a significant role in planning their services; trusts, as much as possible, the process and the person with which they work; and identifies their strengths to feel empowered. Providers who make people feel physically and emotionally safe are more likely to witness people living unsheltered seek and follow through with the services they need.

Using these approaches, the CoC has seen an increase in engagement of people living unsheltered in our system and positive outcomes attained in relation to temporary and permanent housing. Since the start of the regional UAC initiative, the CoC has seen a 202% increase in the number of people experiencing unsheltered homelessness engaged, a 189% increase in the number of people experiencing unsheltered homelessness connected to the CE system, and a 123% increase in the number of people experiencing homelessness moving directly from a place not meant for human habitation into permanent housing.

C2: Current strategy to provide immediate access to low-barrier shelter and temporary housing for individuals and families experiencing unsheltered homelessness

CoCs must describe the current strategy and show how well it performs at providing low-barrier, culturally appropriate access to temporary accommodations (e.g., emergency shelter, especially non-congregate shelter, transitional housing) to all individuals and families experiencing unsheltered homelessness. The CoC must identify any new practices it has implemented in the geographic area over the past three years and the lessons learned from implementing those practices.

All shelters receiving ESG funding must follow the NC BoS CoC's emergency shelter written standards which would not allow them to turn away anyone living unsheltered except for the following reasons: Household make-up (e.g. singles-only programs can disqualify households with children; families-only programs can disqualify singles); all program beds are full; and registered sex offenders when the shelter houses a child under 18 in the same building. CoC staff review program policies and procedures during funding application processes annually to review adherence to the written standards and engage funded shelters when compliance issues come to their attention. In cases where the unsheltered household meets one of these criteria, the shelter

and/or UAC should assist the household to find a non-congregate option or other facility-based option available as close as possible. For non-funded agencies, CoC staff and local providers working with people living unsheltered encourage shelters with barriers to accept referrals for clients. When shelters refuse entry, local providers working with people living unsheltered seek non-congregate options when available or shelter access in another county nearby. Unfortunately, most shelters in the NC BoS CoC are not funded and not required to follow the CoC's written standards, and because the majority of the CoC lies in rural areas, public transportation and/or funding to transport someone living unsheltered to an adjoining community rarely exists.

To improve shelter practices, lower barriers to shelter, and help shelters transition services to become more housing-focused to improve access and positive outcomes, the CoC has initiated three new practices in the last three years. 1) The CoC provides intensive technical assistance to emergency shelters through a cohort-based model to lower barriers and learn how to offer housing-focused services. CoC staff teach shelters about the five key elements of effective emergency shelter, including immediate and low-barrier access. As part of the cohort curriculum, staff review program policies and procedures and hold 1:1 conversations to work through any identified barriers. The CoC continually evaluates the effectiveness of the cohort model. Staff have learned that while identifying barriers and getting agency buy-in to change policies and procedures is an important first step to increase access, they must work closely with shelter leadership to operationalize new policies and provide ongoing technical assistance to ensure all staff have the tools to work with more vulnerable populations. The cohort model has increased peer support and perspective; shelters contemplating change want to hear from their fellow shelters about their experiences making substantive changes to lower barriers. 2) During the pandemic, CoC staff worked with local emergency management departments and providers to set-up non-congregate shelters using a FEMA waiver. Through this initiative, 2/3 of the CoC's counties had some non-congregate shelter options in hotels/motels. While many of these shelters have since closed due to decreased funding availability, many CoC counties have found other funding options including re-allocating current shelter funding to ensure non-congregate options exist for the most vulnerable populations, including people experiencing unsheltered homelessness. Currently, the NC BoS CoC has at least some non-congregate shelter available in 22 counties with full non-congregate shelter coverage for Veterans experiencing homelessness and survivors of domestic violence. CoC stakeholders have seen the benefit of having non-congregate options; many people living unsheltered who have refused to enter a congregate shelter have been willing to take a room in a hotel/motel. This provides a safe space for people living unsheltered and gives providers an easier way to work with them to access services and permanent housing. 3) The CoC, through its Racial Equity Subcommittee (RES), has offered three equity dialogue series (11 webinars), inviting CoC stakeholders to engage with experts on culturally appropriate services and to learn about the history of systemic racism and how it relates to the homeless and housing system. These series have sparked conversations and offered opportunities for shelters to address practices. Along with these dialogues, the RES prepared and recommended equity benchmarks that the CoC uses to evaluate projects in annual funding competitions. The CoC uses equity standards to rank projects in the final ranked CoC prioritization list. The CoC understands that these initial steps are just a beginning to address inequities; the CoC needs to provide additional resources and fully integrate these into technical assistance initiatives to make long lasting change.

C3: Current strategy to provide immediate access to low-barrier permanent housing for individuals and families experiencing unsheltered homelessness

CoCs must describe the current strategy, including their use of a Housing First approach, and demonstrate how well it performs at providing low-barrier and culturally appropriate access to permanent housing to individuals and families who have histories of unsheltered homelessness and the evidence that supports that strategy. The CoC must identify any new practices it has implemented in the geographic area over the past three years and the lessons learned from implementing these practices. To receive full points in this section, applicants should connect response to resources identified in 4A1.

All permanent housing programs receiving ESG, CoC, and VA funding must follow the NC BoS CoC's rapid rehousing and permanent supportive housing written standards. These standards integrate Housing First approaches and require programs to accept referrals from the CoC's CE system. The CE system prioritizes households based on VI-SPDAT score first with a prioritization schedule that breaks ties to ensure the most vulnerable households receive assistance. CoC staff review program policies and procedures during funding application processes annually to review adherence to the written standards. Staff also review CE data during its reviews to ensure that housing programs are accepting appropriate referrals through the CE system. The CoC has traditionally had little street outreach coverage to identify and engage people experiencing unsheltered homelessness and relied on passive engagement of this population when they sought services from providers. The funded street outreach programs cover only a small percentage of the CoC's geographic area. This means that few unsheltered households have connected to the CE system for prioritization for permanent housing.

To ensure it engages all people experiencing unsheltered homelessness, the CoC launched a new initiative in June 2021. The CoC updated its Governance Charter to create a new leadership role in each of its 13 Regional Committees (RCs) called the Unsheltered Access Coordinator (UAC) to facilitate a local plan to ensure all people living unsheltered have been identified and connected to the local coordinated entry by-name list. Starting in June 2021, elected regional UACs created local subcommittees to develop an unsheltered outreach and engagement plan. Regional plans defined how local RCs would identify people living unsheltered through both passive (organizations/events coming into regular contact with the population) and assertive (street outreach in the community) outreach; the frequency of outreach efforts; and the providers who would conduct the standardized assessment and enter data into the HMIS coordinated entry project. Each UAC works closely with the elected CE Lead to ensure that identified unsheltered individuals and families connect to the CE system and takes ownership of system navigation of any unsheltered household without another community-based provider. To identify people experiencing unsheltered homelessness, passive outreach occurs daily at agencies/organizations participating in the CE system and weekly at non-participating agencies/organizations through identified staff/volunteers in the local plan. The frequency of assertive outreach depends on each RC's capacity. However, the CoC encourages assertive outreach on the streets no less than quarterly. Once identified, UACs and other provider staff connect unsheltered households through regular case management and system navigation as desired. Once identified and engaged, UACs or other front-door providers conduct the standardized CE assessment with unsheltered households. The regional CE Lead enters the assessment information into the HMIS CE project and the household pulls onto the by-name list. Until the unsheltered household has accessed permanent housing, the assigned provider or UAC provides case management to the household, connecting them to desired services, including available emergency shelter in the community. The assigned provider or UAC attends weekly case conferencing meetings to represent the household, and upon referral to a housing agency, works with the household to connect with the provider to begin enrollment, helping transition the household to their new provider and serving as a liaison until the household moves into permanent housing. At launch of this new process, the CoC held several webinars with UACs and other CoC stakeholders involved in engagement efforts to understand the CoC's approach and standards, working with households experiencing unsheltered homelessness, especially people with the highest vulnerabilities and people historically disconnected from the homeless service system. These webinars focused on best practices such as Harm Reduction, Housing First, and Trauma-Informed Care, outlining basic principles of each practice and providing scenarios from experienced outreach staff of how to appropriately work with disenfranchised individuals. Webinars also discussed person-centered case management approaches that allow households to make decisions for themselves and their needs. CoC staff have continued to work with UACs and other outreach providers on specific cases as needed to brainstorm ways to better engage unsheltered households and connect them to needed services and housing. Since the launch of the UAC initiative, the CoC has seen a large increase in the number of people experiencing unsheltered homelessness connected to the CE system and accessing permanent housing. During the first year from July 2021-June 2022, the CoC added 2999 people

experiencing unsheltered homelessness to the CE BNL with 1500 exiting to a PH program (versus 1585 people connecting to CE and 1219 people exiting to a PH program one year prior).

In its 2021 RE Assessment, the CoC reviewed VI-SPDAT data to determine how the assessment prioritizes marginalized populations. VI-SPDAT data shows that the assessment tool seems to prioritize people identifying as White over Black Indigenous People of Color (BIPOC). In the Highest (15+ points), Higher (11-14 points), and High (8-10 points) levels of priority, people identifying as White are disproportionately represented (85%, 72%, and 61% respectively). In the Highest and Higher priority levels, which corresponds to placement in the most intensive housing interventions such as PSH, people identifying as White have greater opportunity to end their homelessness than BIPOC. The low percentages of Black, Asian, American Indian, and Native Hawaiian individuals scoring in the Highest, Higher, and High priority levels could indicate several things: the assessment tool do not account for specific issues that affect BIPOC and indicate their vulnerability; the invasive nature of the questions cause BIPOC to under share intimate details of their lives that could help them score higher on the assessment; the assessment's scoring mechanism weights issues that more readily affect people identifying as White. The CoC has prioritized choosing a more appropriate standardized CE assessment that equitably prioritizes housing resources for BIPOC and better evaluates household vulnerability. The CoC has formed a workgroup with health system experts and university researchers to explore the connections between health and homelessness to develop a new CE assessment and prioritization schedule. The workgroup consists of our core CE team (CoC staff, service providers, community CE leaders, and people with lived expertise) formed as part of our engagement in HUD's CE Equity Initiative as well members from the University of North Carolina Chapel Hill, Duke University, Wake Med, Cone Health, UNC Center for Excellence, and the NC Departments of Health and Human Services and Public Health. This workgroup will evaluate recently conducted research using linkages of HMIS data with state death records, explore other community assessment and prioritization processes, and use qualitative and quantitative research to prioritize severe service needs populations including people experiencing unsheltered homelessness in the CE system for housing resources. The workgroup intends to begin implementation of the new assessment/prioritization process by early 2023.

With the release of Emergency Housing Vouchers (EHVs) to local PHAs in summer 2021, the CoC worked with stakeholders, including people with lived expertise, to develop a prioritization plan and memoranda of agreement with PHAs that defined the process for referrals. The CoC approved the following prioritization schedule for EHVs:

- Households ready to Move On from PSH and RRH programs that need a long-term housing subsidy but less intensive case management supports
- Households with the longest length of unsheltered homelessness and where documentation for PSH is not able to be obtained.
- Families and/or individuals on the current CE by-name list who need long-term rental assistance.

By prioritizing PSH and RRH participants moving on from programs, the CoC has opened needed slots for other vulnerable households who need the case management support associated with these programs. Having a prioritization specifically for people experiencing unsheltered homelessness that cannot be appropriately documented, decreases the amount of time they remain homeless and gets them to long-term subsidy and supports they need to become successful in permanent housing. 35% of all referrals for EHVs in the NC BoS CoC have been for people experiencing unsheltered homelessness with 33% of all issued vouchers going to unsheltered households. While EHVs have been a great resource for the NC BoS CoC, working with 12 separate PHAs all with different connections with the CE system, experience working with households experiencing homelessness, and capacities to provide housing search has provided significant challenges. The CoC ably worked with PHAs to educate them on the differences between EHVs and regular HCVs and the CE system, to develop internal processes to accept referrals, and to increase the speed of referrals from the CE

system. However, the majority of PHAs in the CoC with EHV's lack experience with housing search and navigation, and lease-up of vouchers has been slower than expected. The CoC should have spent more time at the beginning of the process helping CE Leads appropriately prioritize households for EHV's and providing PHAs more technical assistance to understand their housing search responsibilities.

D: Updating the CoC's strategy to identify, shelter, and house individuals experiencing unsheltered homelessness with data and performance.

CoCs must demonstrate how they will use data, that includes specific data points, performance, and best practices to expand and improve the performance of: 1) street outreach within the CoC's geographic area. To receive full points, the CoC must demonstrate street outreach is connected to CE or HMIS and how it will incorporate new partners (e.g. business owners, law enforcement, healthcare providers) into its street outreach strategies; 2) providing access to low-barrier shelter and temporary accommodations, including any new practices and activities that would be funded through an award under this NOFO; 3) rapidly rehouse individuals and families who have histories of unsheltered homelessness in permanent housing.

1) As mentioned above, the CoC has few funded street outreach programs in the CoC (6 programs covering 20 of 79 counties in the CoC) and has launched an initiative to elect volunteer Unsheltered Access Coordinators (UACs) in each of the CoC's 13 Regional Committees to facilitate the local plan to connect people experiencing unsheltered homelessness to services and the CE system. The HMIS Lead has created specific SSO projects for each Regional Committee to collect information on households experiencing unsheltered homelessness during street outreach efforts. Households in the HMIS SSO and SO projects populate in HMIS by-name list (BNL) reports that regional CE Leads use to prioritize households for permanent housing resources during weekly case conferencing meetings with community providers. HMIS Lead staff pull regional BNL reports in advance of monthly calls with regional CE Leads. To evaluate performance, CoC staff review and discuss several data points with CE Leads and UACs: missing Current Living Situation entries; Current Living Situation entries without updates in the last 90 days; households with LOTH longer than 364 days; and the number of people experiencing unsheltered homelessness compared to the prior month and against the last unsheltered PIT count for the region. CoC and HMIS Lead staff work with regional CE Leads and UACs to address issues in data and local practices to ensure that households, especially households experiencing unsheltered homeless, are referred to available housing openings. These monthly calls also present opportunities to discuss ongoing challenges with street outreach efforts, local connections made to non-traditional partners such as law enforcement, healthcare providers, and business owners to better identify people living unsheltered, and processes for these partners to connect households to CE Leads and UACs. CE Leads work with HMIS Lead staff to license appropriate agencies/entities participating in CE to collect information and make referrals to the BNL. The CoC has licensed and will continue to license entities such as local sheriff's departments, behavioral health agencies, FQHCs, and others with appropriate agency agreements and local MOUs (for protection of this vulnerable population) to add people experiencing unsheltered homelessness to HMIS for connection to the CE system. 2) As mentioned above, the CoC will continue offering technical assistance cohorts to emergency shelter programs to educate shelters how to lower barriers and become more housing-focused. Through these cohorts, CoC staff review APR/CAPER data, looking at three key data points (exits to permanent destinations; length of time in the program; and types of conditions) to set a baseline for a shelter's performance and works closely with programs to set bold goals to achieve during a 3-month challenge period. The CoC will evaluate shelter performance based on the following: 50% of people served by the shelter have disabling conditions; median length of project participation is 30-60 days; and 40% of participants exit to permanent destinations. The CoC will prioritize a CoC-wide SSO-Other application under this NOFO competition to attempt to get full street outreach coverage across the geographic area and will only rank SSO-Other Rural Set-Aside project applications that include some funding for short-term emergency lodging in motels/hotels. SSO-Other project staff can utilize this funding to temporarily house people experiencing unsheltered homelessness that refuse/are refused entry into local emergency shelters. All funded PSH and RRH projects enrolling households

experiencing unsheltered homelessness will work closely with SSO-Other project staff to utilize these funds as needed to temporarily shelter households while the housing program seeks an appropriate unit. For non-rural geographic areas where these funds are ineligible, SSO-Other projects funded through the Unsheltered Set-Aside will advocate for street outreach clients with local shelters for immediate access. 3) The CoC monitors that PSH and RRH projects accept all referrals for open housing slots through the CE BNL. The CE BNL currently prioritizes households based on vulnerability evaluated using the VI-SPDAT score with tie breaks prioritized through the approved schedule. To ensure that it equitably prioritizes and accelerates the placement of vulnerable households including people experiencing or with a history of unsheltered homelessness, the CoC has formed a workgroup with health system experts and university researchers exploring the connections between health and homelessness to develop a new CE assessment and prioritization schedule. The workgroup consists of our core CE team (CoC staff, service providers, community CE leaders, and people with lived expertise) formed as part of our engagement in HUD's CE Equity Initiative as well members from the University of North Carolina Chapel Hill, Duke University, Wake Med, Cone Health, UNC Center for Excellence, and the NC Departments of Health and Human Services and Public Health. This workgroup will evaluate recently conducted research using linkages of HMIS data with state death records, explore other community assessment and prioritization processes, and use other qualitative and quantitative research to prioritize severe service needs populations including people experiencing unsheltered homelessness in the CE system for housing resources. The workgroup intends to begin implementation of the new assessment/prioritization process by early 2023.

The CoC will evaluate PSH and RRH project performance to house people experiencing unsheltered homelessness on the following data points: 80% of participants exit to permanent destinations; 25% of participants entered from a place not meant for human habitation (for existing projects); 75% of participants entered from a place not meant for human habitation or have a history of unsheltered homelessness (for RRH/PSH projects funded under this special NOFO). All new PH projects funded under this special NOFO will target households experiencing or have histories of unsheltered homelessness.

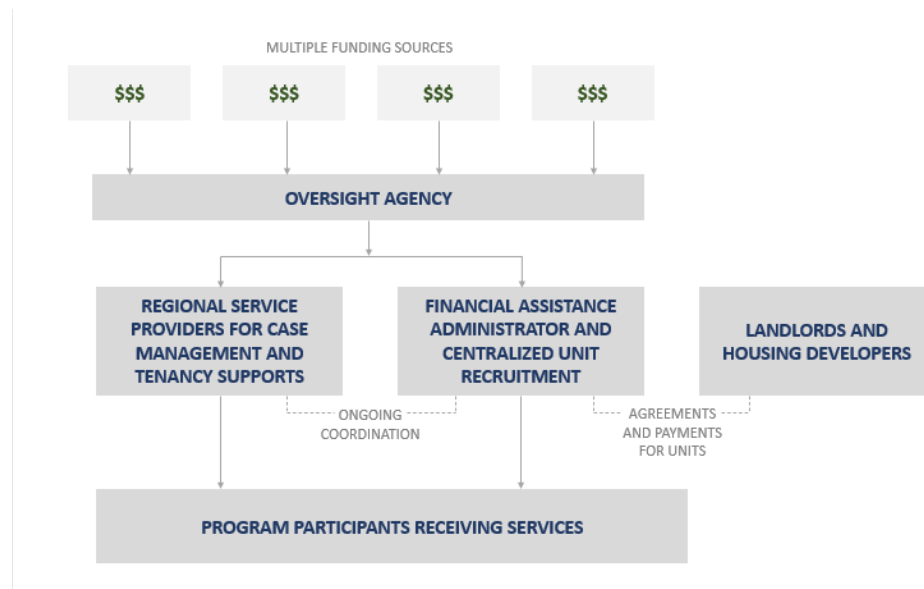
E: Identify and prioritize households experiencing or with histories of unsheltered homelessness.

CoCs must describe how they will ensure the resources awarded under this special NOFO will contribute to reducing unsheltered homelessness in their geographic area and how they will prioritize assistance for individuals and families who are currently unsheltered or have histories of unsheltered homelessness. CoCs must describe: 1) The CoCs strategy for ensuring that resources provided under this NOFO will reduce unsheltered homelessness; 2) how the CoC will adopt program eligibility and CE entry processes that reduce unsheltered homelessness; 3) how the CoC will use street outreach to connect unsheltered people with housing resources; 4) additional steps the CoC is taking to ensure that people who are unsheltered or have histories of unsheltered homelessness are able to access housing and other resources in the community, including steps to increase access to identification, providing navigation services, and providing access to health care and other supportive services.

1) The NC BoS CoC will use the resources awarded under this special NOFO to centralize its approach to build capacity for the NC BoS CoC services and housing system, provide services and housing across the full geographic coverage area, and ensure prioritization of resources to the most vulnerable households including ones experiencing or have experienced unsheltered homelessness.

The CoC will prioritize applications to a CoC-wide Oversight Agency. The Oversight Agency will administer all grants funded through this special NOFO and contract with other agencies to provide financial assistance, housing navigation, and services to people experiencing homelessness and/or residing in units with formerly homeless households housed through the CE system. Under this plan, the Oversight Agency would braid funding awarded through the Special NOFO with other available state funding and designate funding that best meets the long-term needs of prioritized households. The Oversight Agency will contract with an agency to

serve as a Financial Assistance Coordinator focused on centralized unit recruitment. The Financial Assistance Coordinator Agency will provide housing navigation services to households referred from the CoC’s CE system and provide ongoing financial assistance to pay for PSH and RRH units. The Oversight Agency will also contract with Regional Service Providers across the NC BoS CoC’s geographic area to provide a continuum of services that includes case management and tenancy supports to households experiencing homelessness.



Currently, the CoC does not have full Street Outreach, Housing Navigation Services, RRH, or PSH coverage across all 79 counties in its geographic area. By centralizing funding with an Oversight Agency that will contract with a centralized Financial Assistance Administrator and Regional Service Providers that provide a continuum of services across the entire geographic region, all prioritized households, no matter their location within the CoC, can be served and live in their location of choice and have guaranteed support to find an affordable unit and the tenancy support services they need to succeed. All agencies funded through the Special NOFO will use Housing First and Progressive Engagement Approaches, whereby the CoC prioritizes the most vulnerable households, including households experiencing or having histories of unsheltered homelessness for services and housing.

The CoC will accept applications for the following project types under this special NOFO:

- **PH: PSH projects:** these applications will provide permanent supportive housing across the full geographic area (or designated rural counties in the Rural Set-Aside); all ranked projects will follow a progressive engagement approach, accepting the highest vulnerability household on the CE BNL; budget for rental assistance and administration only; pair with services through SSO-Other applications (see below); and target 75% of housing slots for people experiencing or having a history of unsheltered homelessness
- **PH: Rapid Rehousing projects:** these applications will provide rapid rehousing across the full geographic area (or designated rural counties in the Rural Set-Aside); all ranked projects will follow a progressive engagement approach, accepting the highest vulnerability household on the CE BNL; budget for rental assistance and administration only; pair with agencies providing services through SSO-Other application (see below); and target 75% of housing slots for people experiencing or having a history of unsheltered homelessness.
- **SSO-SO and SSO-Other projects:** these applications will allow Regional Service Providers to provide a continuum of services to households; Regional Service Providers will provide regular street outreach and case management to households experiencing unsheltered homelessness; connect these households to

mainstream and community resources as well as the CE system; work closely with the Financial Assistance Administrator to find appropriate permanent housing upon referral from the CE system; and provide ongoing tenancy supports once moved into permanent housing. Regional Service Providers will use Harm Reduction, Housing First, and Trauma-Informed Care approaches; applications will include funding for hotel/motel costs to shelter unsheltered households when denied placement in local shelters.

- *CoC Planning project:* the CoC will prioritize a planning project from the Collaborative Applicant to coordinate activities for projects funded through the unsheltered set-aside
- All projects ranked under the rural set-aside will only serve households seeking services or housed in the 55 designated rural counties defined under this NOFO.

2) The CoC has prioritized choosing a more appropriate standardized CE assessment that equitably prioritizes housing resources for BIPOC and better evaluates household vulnerability. The CoC has formed a workgroup with health system experts and university researchers exploring the connections between health and homelessness to develop a new CE assessment and prioritization schedule. The workgroup consists of our core CE team (CoC staff, service providers, community CE leaders, and people with lived expertise) formed as part of our engagement in HUD's CE Equity Initiative as well as members from the University of North Carolina Chapel Hill, Duke University, Wake Med, Cone Health, UNC Center for Excellence, and the NC Departments of Health and Human Services and Public Health. This workgroup will evaluate recently conducted research using linkages of HMIS data with state death records, explore other community assessment and prioritization processes, and use qualitative and quantitative research to prioritize severe service needs populations including people experiencing unsheltered homelessness in the CE system for housing resources. The workgroup intends to begin implementation of the new assessment/prioritization process by early 2023.

Existing PSH and RRH projects will follow current funding eligibility requirements first and then adhere to the newly developed CE prioritization schedule. Under the CoC's Governance Charter, the Coordinated Entry Council (CEC), a subcommittee of the CoC's Governance Committee, will update the CE Written Standards. CoC staff will post the proposed CE Written Standards recommendation to the NCCEH website in advance of the next Governance meeting. CoC staff will present the updated CE Written Standards on behalf of the CEC, and Governance Committee members will consider approval. Once approved, CoC staff will post the final updated CE Written Standards, notify the full CoC, and provide technical assistance to CE Leads and CE participating agencies to use the new assessment and incorporate the new prioritization into regular case conferencing. 3, 4) Regional Service Providers contracted through the Oversight Agency will provide regular street outreach across their designated geographic area. They will identify people experiencing unsheltered homelessness through both passive and assertive outreach activities; provide robust outreach and engagement services; connect people experiencing unsheltered homelessness to and advocate for placement in local emergency shelters or non-congregate hotel/motel shelter; conduct the assessment for CE; case manage enrolled participants while experiencing homelessness and after placement in permanent housing; and connect households to mainstream, income, and other services such as healthcare, behavioral health services, entitlement benefits, and employment services. The CoC has an agreement with the NC Department of Motor Vehicles to provide free state identification. Funded projects will work with people experiencing or have a history of unsheltered homelessness to procure other identification such as school records, birth certificates, Veteran identification, and others to ensure they can access free state ID. The Oversight Agency in conjunction with Regional Service Providers will form collaborative relationships with local healthcare and behavioral health providers such as FQHCs, hospitals, Managed Care Organizations, and Tailored Plan Organizations to provide expedited entry for health needs.

F: Involving individuals with lived experience of homelessness in decision-making.

CoCs must demonstrate individuals and families experiencing homelessness, particularly those who have experienced unsheltered homelessness, are meaningfully and intentionally integrated into the CoC decision-making structure. Additionally, CoCs must demonstrate how they encourage projects to involve individuals and families with lived experience of unsheltered homelessness in the delivery of services (e.g. hiring people with lived experience of unsheltered homelessness).

The NC BoS CoC approved the formation of a Lived Expertise Advisory Council (LEAC) in July 2021. The CoC created this subcommittee to improve its ability to make governance and funding decisions and provide technical assistance by explicitly incorporating the perspectives of people with lived experience of homelessness. The LEAC improves the provision of services to people experiencing homelessness, and the policies that govern these services, across the NC BoS CoC through insights and expertise that come directly from people experiencing homelessness first-hand. As part of the LEAC charter, the subcommittee focuses on four areas:

- Review CoC policies for clarity and consistency, making recommendations to the CoC Governance Committee
- Determine whether the CoC implements policies and best practices equitably and effectively
- Educate and engage people who have recently experienced homelessness in CoC governance
- Seek opportunities to impact local, state, and federal legislation through the advocacy efforts of its members.

The LEAC consists of people who currently experience or have previously experienced homelessness, including people experiencing unsheltered homelessness. The LEAC membership intentionally incorporates diverse perspectives: people of different races/ethnicities; people with lived expertise that work in the field; people that have experienced the NC BoS CoC's CE system and programs; and people residing across the full geographic area of the CoC. The subcommittee has 10 formal members with 1-year terms and is co-chaired by two members of the subcommittee where at least one is also a member of the CoC Governance Committee. The CoC financially compensates members for their time and expertise through the CoC Planning Grant. The CoC ensures that at least one member of the LEAC also serves on other CoC subcommittees including the Coordinated Entry Council, Funding and Performance Subcommittee, Racial Equity Subcommittee, Governance Nominations Subcommittee, Project Review Committee, and Scorecard Committee. CoC subcommittees handle the day-to-day decision-making and oversight of the CoC's work, evaluating data, providing recommended strategies, drafting and implementing policies and procedures, training CoC stakeholders, and setting performance benchmarks.

The CoC also ensures that multiple people with lived expertise serve as members of the CoC Governance Committee. By design, the CoC has two designated membership spots for people with lived expertise. However, the Governance Nominations Committee also considers members for other designated membership spots (state government departments and sector leaders) with lived expertise in mind. In the fourth quarter when Regional Committees elect their leadership for the next calendar year, the CoC encourages them to seek leaders with lived experience. Currently, the Governance Committee has 6 members with lived expertise and Regional Committees have 9 leaders with lived expertise.

The CoC encourages all projects within the NC BoS CoC geographic area to hire people with lived expertise in direct service roles and to serve as part of agency Boards of Directors. As part of funding competitions, the CoC added two questions to scorecards to incentivize agencies to include people with lived expertise. The first question concerns people with lived expertise on agency Boards of Directors: How many members of your Board of Directors have experienced homelessness? Agencies with Boards that comprise 20% or more people with lived expertise receive maximum points. The second question concerns hiring people with lived expertise

to provide direct services to program participants: Does the agency's hiring policy state a value or preference for hiring people with lived experience of homelessness? Agencies that have a preference receive maximum points. During all training and technical assistance with providers, CoC staff incorporate equity content, which includes information about incorporating perspectives from people with lived expertise and talk through ways in which they should hire and support this population to work with program participants.

G: Supporting underserved communities and supporting equitable community development.

CoCs must describe: 1) their current strategy to identify populations in the CoC's geography that have not been served by the homeless system at the same rate they are experiencing homelessness; 2) how underserved communities in their geographic area interact with the homeless system, including a description of these populations; 3) the current strategy to provide outreach, engagement, and housing interventions to serve populations experiencing homelessness that have not previously been served by the homeless system at the same rate they are experiencing homelessness.

1) The CoC uses several data sets to identify communities that the homeless service system has not served at the same rate as they experience homelessness. First, the CoC's Racial Equity Subcommittee performs an annual racial equity assessment. Using tools created by federal and national partners, the CoC conducts an analysis of Point-In-Time, HMIS, and coordinated entry data to clarify who accesses the CoC system and housing resources. The assessment focuses on answering four basic questions:

- Who does the CoC serve in comparison to people in NC and people in poverty?
- Who accesses permanent housing in the CoC's system?
- How does the system support people to end their homelessness?
- Who has access to coordinated entry and permanent housing resources?

The assessment answers these questions using HUD's Continuum of Care Assessment Tool, the National Alliance to End Homelessness' Racial Equity Tool, HUD's Stella Performance Module, and local coordinated entry data. The CoC also looks at historical PIT Count cross referenced with CE data to determine how different populations connect to the system and access services and permanent housing.

2) The RE Assessment demonstrates that people who identify as White made up 72% of the entire population in the NC BoS CoC geographic area. Narrowing our lens, first to people experiencing poverty and then to people experiencing homelessness, the CoC shows a significantly lower rate of people identifying as White than in the general population; and fewer White families experience homelessness than experience poverty. In contrast, people who identify as Black make up only 19% of the entire population in the NC BoS CoC's 79 counties, while the percentage of people who identify as Black increased when looking at poverty (31%), homelessness (37%), and especially families experiencing homelessness (43%). While dealing with far lower raw numbers of people identifying as Native America/Alaskan, Asian/Pacific Islander, and Other/Multi-Racial, the CoC observes similar or slightly increased percentages of people who make up the general population and people experiencing poverty and homelessness.

When looking at people who identify as Black and where they experience homelessness, the majority access emergency shelters and do so at a higher percentage (41% vs. 38%) than that in the overall homeless population. Fewer people experiencing unsheltered homelessness identify as Black (31%) whereas people identifying as White have lower than expected sheltered homelessness (52% versus 56% overall homelessness) and higher than expected unsheltered homelessness (65% unsheltered versus 56% overall homelessness). The CoC believes that BIPOC experiencing unsheltered homelessness have been undercounted during PIT counts. Until the 2022 PIT Count, CoC Regional Committees used volunteer groups to canvas the geographic area to identify and count people experiencing unsheltered homelessness. As volunteers, most of whom did not serve in

a professional capacity, they brought implicit bias to the process, canvassing areas they knew and that they deemed safe enough to explore in groups where they thought people living unsheltered might congregate. With most volunteers identifying as White, they likely rarely explored areas in which they were unfamiliar, limiting the scope of their outreach and thus likely undercounting BIPOC. This is especially true for the more rural areas of the CoC, where volunteer groups focused on known locations. The CoC changed the way in which it counted people experiencing unsheltered homelessness in the 2022 PIT Count, using the UAC process detailed in part three of this question to facilitate identifying unsheltered households throughout the year and connecting them to the CE system. The CoC used the BNL to verify homeless status on the night of the PIT Count, which helped the CoC better capture all households experiencing unsheltered homelessness across the entire geographic area.

Reviewing PIT data from the last 5 complete count years, the number of people experiencing unsheltered homelessness has averaged 31% of the total number of people experiencing homelessness in the CoC. When reviewing CE data for the last two years, we have seen a steady increase in the number of people experiencing unsheltered homelessness connecting to the CE system and accessing permanent housing. However, people experiencing unsheltered homelessness continue to access the system and exit to PH at lower rates than their proportion of the overall homeless population.

	June 2020- July 2021	June 2021- July 2022
# Connecting to CE	1585 (28%)	2999 (20%)
# Accessing PH projects	1219 (35%)	1500 (39%)

3) From the data described above, the CoC sees historically underserved populations (BIPOC) entering the homeless service system in larger percentages compared to the Census of these populations in the geographic area and to people identifying as White. The good news is that it seems that BIPOC, especially people identifying as Black, connect with and are served by the NC BoS CoC system and have positive outcomes at percentages consistent with other races and in proportion to the overall percentages in the system. However, the CoC has identified through PIT and CE data that it underserves people experiencing unsheltered homelessness, connecting them to CE and permanent housing at percentages lower than they appear in the overall system. Understanding that the CoC’s traditional methodology, relying on volunteer groups to canvas large rural areas to find people experiencing unsheltered homelessness during PIT Count nights likely has caused an undercount of BIPOC due to implicit bias, means that not only should the CoC design systems that engage and connect all people living unsheltered to the CE system and permanent housing resources, but also ensure that it connects to historically marginalized populations living unsheltered with which it has never connected. To ensure full street outreach coverage to engage all people experiencing unsheltered homelessness, the CoC launched a new initiative in June 2021. The CoC updated its Governance Charter to create a new leadership role in each of its 13 Regional Committees (RCs) called the Unsheltered Access Coordinator (UAC) to facilitate the local plan to ensure that all people living unsheltered have been identified and connected to the local coordinated entry system. Relying on professional provider staff to serve in the UAC role and training the UAC on street outreach best practices such as Housing First, Harm Reduction, and Trauma-Informed Care, has helped the CoC to better connect with all people in geographic areas in the CoC but especially to improve connections to BIPOC experiencing unsheltered homelessness (PIT Data: 3% American Indian in 2022 vs. 2% in 2021; 1% Asian in 2022 vs. 0% in 2021; 38% Black in 2022 vs. 31% in 2021).

UACs facilitated the development of a local plan to ensure all people living unsheltered have been identified and connected to the local coordinated entry system. They created local subcommittees to develop an unsheltered outreach and engagement plan, defining how local RCs would identify people living unsheltered through both passive (through organizations/events coming into regular contact with the population) and assertive (street outreach in the community) outreach; the frequency of outreach efforts; and the providers who

would conduct the standardized assessment and enter data into the HMIS coordinated entry project. Each UAC works closely with the elected CE Lead to ensure that identified unsheltered individuals and families connect to the CE system and takes ownership of system navigation of any unsheltered household without another community-based provider. To identify people experiencing unsheltered homelessness, passive outreach occurs daily at agencies/organizations participating in the CE system and weekly at non-participating agencies/organizations through identified staff/volunteers in the local plan. The frequency of assertive outreach depends on each RC's capacity. However, the CoC encourages assertive outreach on the streets no less than quarterly. Once identified, UACs and other provider staff connect unsheltered households through regular case management and system navigation as desired. Once identified and engaged, UACs or other front-door providers conduct the standardized CE assessment with unsheltered households. The regional CE Lead enters the assessment information into the HMIS CE project and the household pulls onto the by-name list. Until the unsheltered household is referred for an available housing slot, the assigned provider or UAC provides case management to the household, connecting them to desired services, including available emergency shelter in the community. The assigned provider or UAC attends weekly case conferencing meetings to represent the household, and upon referral to a housing agency, works with the household to connect with the provider to begin enrollment, helping transition the household to their new provider and serving as a liaison until the household moves into permanent housing.

DRAFT